

RECEIVED
CENTRAL FAX CENTER

APR 05 2007

FAX TRANSMISSION**DATE:** April 5, 2007**PTO IDENTIFIER:** Application Number 10/820,099-Conf. #8281
Patent Number**Inventor:** Simon McEwen**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** EDWARDS ANGELL PALMER & DODGE LLP
Melissa Hunter-Ensor, Ph.D.**PHONE:** (617) 439-4444**Attorney Dkt. #:** 61190(50221)**PAGES (Including Cover Sheet):** 25**CONTENTS:** Certificate of Transmission (1 page)
Five Month Request for Extension of Time Under 37 CFR 1.136(a) (2 pages)
Fee Transmittal (1 page)
Response to Restriction Requirement (3 pages)
Information Disclosure Statement (2 pages)
IDS by Applicant (1 reference) (1 page)
Charge \$1,080.00 to deposit account 04-1105

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (617) 439-4444 and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

EDWARDS ANGELL PALMER & DODGE LLP
P.O. Box 55874, Boston, Massachusetts 02205
Telephone: (617) 439-4444 Facsimile: (617) 439-4170

APR 05 2007

PTO/SB/97 (09-08)

Approved for use through 03/31/2007. OMB 0551-0031

U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Application No. (if known): 10/820,099

Attorney Docket No.: 61190(50221)

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office.

on April 5, 2007
Date

Malissa Altman
Signature

Signature

Melissa Altman

Typed or printed name of person signing Certificate

Registration Number, if applicable

(617) 239-0100
Telephone Number

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Five Month Request for Extension of Time Under 37 CFR 1.136(a) (2 pages)
 Fee Transmittal (1 page)
 Response to Restriction Requirement (3 pages)
 Information Disclosure Statement (2 pages)
 IDS by Applicant (1 reference) (1 page)
 Charge \$1,080.00 to deposit account 04-1105

PTO/SB/17 (07-05)

Approved for use through 01/31/2007. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4818). FEE TRANSMITTAL For FY 2006		Complete if Known Application Number 10/820,099-Conf. #8281 Filing Date April 7, 2004 First Named Inventor Simon McEwen Examiner Name L. B. Lankford Art Unit 1651 Attorney Docket No. 61190(50221)	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) 1,080.00			

RECEIVED
CENTRAL FAX CENTER

APR 05 2007

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify):
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 04-1105 Deposit Account Name: Edwards Angell Palmer & Dodge LLP				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 =	x	=				
HP = highest number of total claims paid for, if greater than 20.						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
- 3 =	x	=				
HP = highest number of independent claims paid for, if greater than 3.						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).


Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50	(round up to a whole number) x	=	
Fees Paid (\$)				

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 2255 Extension for response within fifth month

1,080.00

SUBMITTED BY		Registration No.	55,289	Telephone	(617) 439-4444
Signature		(Attorney/Agent)		Date	April 5, 2007
Name (Print/Type)	Melissa Hunter-Ensor, Ph.D.				

801374